

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED SEP 23 1957

State File No. **34410**Registrar's No. **2196**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>544</b>		Registrar's No. <b>2196</b>	
1. PLACE OF DEATH a. COUNTY <b>St Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> COUNTY <b>St Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkwood</b>		c. LENGTH OF STAY (in this place) <b>4 days</b>		c. CITY OR TOWN <b>Kirkwood</b> <b>4713</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Josephs Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>202 W. Monroe</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Gertrude</b>		b. (Middle) _____		c. (Last) <b>McMullan</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 31 1957</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Nov. 22 1872</b>	
9. AGE (In years last birthday) <b>84</b>		10. MONTHS <b>8</b>		11. DAYS <b>9</b>		12. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>never employed</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Holden Mo.</b>		12. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James Mc Mullan</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Mulroy</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Kirkwood, MO.</b> <b>Miss Nell Mc Mullan 202 W. Monroe</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intra peritoneal hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rupture of liver (trauma)</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E9040</b>				INTERVAL BETWEEN ONSET AND DEATH <b>about 48 hrs</b>	
19a. DATE OF OPERATION <b>8-31-57</b>		19b. MAJOR FINDINGS OF OPERATION <b>Rupture of liver with intra peritoneal hemorrhage</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8-29-57 p.m.</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>Fall at home</b> <b>125</b>					
22. I hereby certify that I attended the deceased from <b>8-30, 1957</b> , to <b>8-31, 1957</b> , that I last saw the deceased alive on <b>8-31, 1957</b> , and that death occurred at <b>10:10 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Lloyd S. Poluha M.D.</b>		23b. ADDRESS <b>109 N Taylor, Kirkwood Mo</b>		23c. DATE SIGNED <b>Sept 3, 1957</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 4 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St Peters Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kirkwood, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>9-3-57</b>		REGISTRAR'S SIGNATURE <b>Herbert B. Donohue</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis H. Bopp, Inc.</b> ADDRESS <b>Kirkwood Mo.</b>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Francis J. Wyland Jr.*  
Licensed Embalmer No. *4512*

P. O. Address *Richmond, Va.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.